

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

*amendment attached*

STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. ....

PLACE OF BIRTH:

County Gila State ARIZONA

Township ..... or Village .....

City ..... No. .... St. .... Ward. ....

Full name of child LARREMORE (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Sex F *If plural births* { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... 6. Premature ..... 7. Legitimate? ..... 8. Date of birth July 1, 1890, 193 (Month, day, year)

Female

Full name FATHER L. T. Larremore

Residence (usual place of abode) (If nonresident, give place and State) .....

Color or race ..... 12. Age at last birthday ..... (years)

Birthplace (city or place and State or country): .....

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....

16. Date (month and year) last engaged in this work ..... 193

17. Total time (years) spent in this work .....

18. Full maiden name MOTHER

19. Residence (usual place of abode) (If nonresident, give place and State) .....

20. Color or race ..... 21. Age at last birthday ..... (years)

22. Birthplace (city or place and State or country): .....

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....

25. Date (month and year) last engaged in this work ..... 193

26. Total time (years) spent in this work .....

Number of children of this mother (At time of this birth and including this child) ..... (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

If stillborn, period of gestation ..... { months or weeks } 29. Cause of stillbirth ..... { Before labor ..... During labor .....

I hereby certify that I report the birth of this child, who was ..... at ..... m. on the date above stated.

(Born alive or stillborn)

(Signed) J. W. Largent, M. D.

or ..... Midwife

Address .....

Filed 8-29-1890 193

Registrar. Registrar.

FORM 6 10M 6-25 -33 MS 48640

*538-701-245*